



3000 Niagara Ln N  
Plymouth, MN 55447  
1-833-937-1039  
Zusa.com | ASI #99560

**NEW ACCOUNT APPLICATION**

**GENERAL BUSINESS INFORMATION**

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_  
ACCOUNTS PAYABLE EMAIL ADDRESS: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
TYPE OF BUSINESS:  CORPORATION  SOLE PROPRIETORSHIP  PARTNERSHIP  LLC D&B #: \_\_\_\_\_  
OWNERS / KEY PRINCIPALS / OFFICERS OF THE COMPANY: \_\_\_\_\_  
ASI/PPAI NUMBER: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ SHIPPING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 CHECK IF THE  
SAME AS BILLING  
ADDRESS \_\_\_\_\_  
ANNUAL COMPANY REVENUE: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_  
CREDIT LINE REQUESTED FOR NET 30 TERMS: \$ \_\_\_\_\_

**TRADE REFERENCES**

COMPANY NAME: \_\_\_\_\_ TERMS: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ TERMS: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ TERMS: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BANK REFERENCE**

BANK NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TYPE OF ACCOUNT: \_\_\_\_\_  
CUSTOMER SINCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

The applicant hereby authorizes their suppliers and bank to release information regarding their account(s) to Zusa. This information will be held in the strictest confidence and used solely to establish and maintain an open line of credit with Zusa.

I hereby understand terms with Zusa will be set at Net 30. If open invoices are not paid within 30 days, the applicant will be responsible for finance charges of 1.5% per month, annual percentage rate of 18%.

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICER TITLE DATE

*Please send completed form to [accounting@zusa.com](mailto:accounting@zusa.com)*